

Part 1: Local Educatio	nal Agency Information
Full Legal Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
DC Scholars Public Charter School	Rebecca Crouch
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
5601 East Capital Street, SE Washington, DC 20019	rcrouch@dcsholars.org
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202.559.6138	202.559.6138
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs
Tracy MacArthur	lana Wilcox
DC Scholars Public Charter School	Position Title of Additional LEA Contact for Consolidated Application Programs
Director of Operations, Scholar Academies	Chief Operating Officer, Scholar Academies
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
tmacarthur@scholaracademies.org	lwilcox@scholaracademles.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
215.525.4141, ext 218	215.525.4141, ext 204
Part 2: LEA Certifi	cation of Assurances
All assurances and certifications included in Phase I of the application represent	•
Consolidated Application. By signing below, the Applicant certifies that it has re	ad and agrees to all assurances and certifications.
	Grant of the design of a state of
Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Mieka Wick	Signature of Individual Certifying Phase Application
	1110Ka(+1,),d-
	Janey Will
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Chair, DC Scholars Board of Directors	6/25/12
	0/29/10
Part 3: Addition	- al LEA Certification
	an makaban kecalami, promotoria 19, an ilipatan karan minara an karan karan dan menganggan kecalami kecalami k
The Phase II application must be returned to the Office of the State Superintend	ent in accordance with the established deadlines. The Superintendent will allow a
minimum of 90 days for completion. By signing below, the Applicant certifies th	
deadlines or risk the denial of funding under this Phase I application.	
Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Signature of Individual Certifying Phase I Application
Mieka Wick	
	Clubs J. W. do
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	
True of morrison Certafing Prinse (Approximation Locate Charles South Certafing Prinse)	Date of Certification (input at the time of signature)
	0/25/12
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK	AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.
OSSE (Jse Only
Date Assurances Received:	
Date Assurances Complete Ifirst date for obligation):	